

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008467

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2319

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
20 daysc. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Chronic Hosp.Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
5503a Varnon Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
Asberry

Middle

Last
Mintz4. DATE
OF
DEATH

Month

Day

Year

2-26-62

5. SEX

Male

6. COLOR OR RACE

Col.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

28 Mar. 1876

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Unknown10b. KIND OF BUSINESS OR INDUSTRY
Unknown11. BIRTHPLACE (City and state or country)
Miss.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

unk.

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Janie Asberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of servi
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hosie Mintz 2815 Gamble

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIO SCLEROTIC HEART DISEASE

INTERVAL BETWEEN
ONSET AND DEATH

20 YEARS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS

DUE TO (c)

420-0 H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

CARCINOMA OF PROSTATE - MALNUTRITION

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-6-62 to 2-26-62 and last saw her him alive on 2-26-62

Death occurred at 9:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Kearney, M.D.

22b. ADDRESS

5800 Arsenal Ave

22c. DATE SIGNED

2-26-62

23a. BURIAL-CREMATATION
REMOVAL (Specify)

Removal

23b. DATE

1 Mar. 1962

23c. NAME OF CEMETERY OR CREMATORY

Father Dickinsons Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

1221 North Grand Blvd.

25. DATE RECD. BY LOCAL REG.

FEB 27 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Oliver E. Crumble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E. Crumble
Signature of Student Embalmer

Signed Marvin Blockbaum

Licensed Embalmer No. 3962

P. O. Address 4221 N. Brown St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.